however, the atrophic process continues, central vision becomes poorer, the field contracts, and the disk becomes excavated.

Sclerotomy, both anterior and posterior, as long as the wound is not thoroughly healed, is useful in giving time for the circulatory disturbance to pass off. Eserine reduces tension in fresh cases of acute congestive glaucoma, through causing contraction of the tensor of the choroid and probably of its muscular network. In simple glaucoma eserine is only valuable so long as the atrophic process has not entirely paralyzed the muscular network and the tensor.

Some Modern Views on Primary Glaucoma.—Elliot, I. M. S. (*Ind. Med. Gaz.*, July, 1903), gives a résumé of the above subject, based on a review of the opinions of leading authorities as found in the literature of the subject, as well as from personal interviews. He sums up that under the term simple glaucoma have been in the past included: (1) cases in which the prime factor was disease of the optic nerve; (2) cases in which the triad of symptoms alone occur—*i. e.*, cupped disk, retracted field, and diminution of visual acuity, and (3) a long series of cases passing insensibly from the last class and merging at the opposite end of the scale into well-marked congestive glaucoma. Atrophic cases should be carefully distinguished and placed apart. Classes 2 and 3 may be separated from each other by advancing knowledge, which may lead to a better comprehension of their pathology, a result greatly to be desired, establishing more exact indications for operation. As respects treatment of glaucoma, there is no divergence as to the rational and medical measures—myotics and general hygiene.

Of surgical operations, sclerotomy and iridectomy, the writer concludes that the modern ophthalmologist undertakes iridectomy with a much more expectant heart than that with which he performs sclerotomy. Many operators prefer sclerotomy (1) in early cases where there is considerable doubt, (2) in late cases where it is employed as a *dernier ressort,* (3) in desperate cases where iridectomy has failed, and (4) in simple glaucoma where any operation is doubtful, and, therefore, the procedure of least magnitude is chosen, although the balance of safety does not lie wholly with the latter operation. Sympathectomy finds its rôle according to Abadie, in those cases in which the triad alone is present, which do not yield to medicinal and rational treatment.

The Wearing of Artificial Eyes over an Eyeball in Situ and after Abscission of Staphyloma.—F. A. Müller's Sons (*Klin. Mon. f. Augenheilk.*, October, 1903) call attention to the impracticability of fitting the ordinary shell, which answers well enough in cases like phthisis bulbi, to the full eyeball, or such as are but slightly shrunken, the thickened spot convex posteriorly in the region of the iris of the shell, exerting undue pressure if applied to a full globe and preventing perfect apposition. The perfectly flat shells still found in the shops are entirely worthless. They propose to meet the cases in question by giving the prosthesis a smooth concavo-convex form to permit perfect apposition.

The writers also criticise the horizontal cicatrix with its angular edges, which results from the usual mode of abscising staphylomata (a horizontal elliptical section with vertical sutures). These edges enormously increase the difficulty of prosthesis and quite destroy the cosmetic effect, for the reason that the bridging of these edges requires the shell to be broader horizontally, so that the artificial eye seems longer and larger than the sound one. To obviate this the writers raise the question whether the wound of excision for the staphyloma should not be given a vertical direction. The edges would then come to be beneath the lids, at which points the shell could be easily cut out to correspond; the horizontal meridian, which is the most important, would then furnish a stump of suitable convexity. A more symmetrical result might conceivably be secured by a triangular section with a purse-knot suture. The writers do not venture to offer an opinion whether this is a practicable procedure.

PATHOLOGY AND BACTERIOLOGY.

UNDER THE CHARGE OF

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The Reactions of the Blood in Experimental Diabetes.—SWEET (*Journal of Medical Research,* 1903, vol. v. p. 255) says the fact long known to clinicians and students of immunity, that the diabetic organism is abnormally susceptible to infectious processes suggested the experiments which are the subject of this communication. Studies were made upon the hæmolytic and, to a less extent, the bactericidal power of the serum of rabbits suffering from phlorizin and adrenalin glycosuria, and of the serum of dogs which were the subjects of true diabetes mellitus caused by total extirpation of the pancreas. After subcutaneous injections in rabbits of an alcoholic solution of phlorizin, the serum showed a slight though readily demonstrable increase in the hæmolytic complement for bovine erythrocytes. This increase in complement is to be explained as an occurrence coincident with the inflammatory reaction of the organism to the injection. Such injections of phlorizin produced no effect upon the amboceptor for bovine erythrocytes. Intraperitoneal injections of adrenalin chloride were followed by much the same results as regards the serum reactions of the rabbits as was noted in the experiments with phlorizin. The only change exhibited by the serum was a slight increase in the hæmolytic complement, which occurred in certain animals that developed an inflammatory reaction following the intraperitoneal injections. Although injections of both phlorizin and adrenalin chloride give rise to a glycosuria, the condition cannot be considered as a diabetes mellitus, and therefore to reproduce this disease in animals as nearly as possible excision of the pancreas was resorted to; dogs were used for this purpose. Fourteen dogs were operated upon, and of this number two recovered completely from the operation, dying subsequently of a true diabetes mellitus. Following